

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 857*

Office of Registrar of Vital Statistics.

Ward *14*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 1st 1887*

Full Name of Deceased, *Harry May*
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Male*
{ Cross out the word not required in this line. }

Age, *5* Years, *5* Months, *24* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*
{ Cross out the words not required in this line. }

Occupation, *Matron*

Birth Place, *Life*
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *N. Y. Child's Hospital*
{ Give Street and Number. }

Cause of Death, *Mal-nutrition*
{ First (Primary),
Second (Immediate),
Strat

Duration of Last Sickness, *1 Week*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park*

Date of Burial, *July 2*

Undertaker, *C. H. Blizard*

Place of Business, *1131 P* Address, *C. H. Blizard*

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 852

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday July 1st. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie M. Hartwick

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 32 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } V

Occupation, -

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1069 Valley St.

Cause of Death, { First (Primary), Inanition
Second (Immediate), cerebral congestion, Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 2nd

{ Undertaker, H. C. Wiedefeld } Address, 916 Gunmit Ave

Wilmer Britton M. D.
Medical Attendant.

{ Place of Business, 916 Gunmit Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **853** Office of **Registration of Vital Statistics.**

Ward **14th**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 1st / 89**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Hellie R. Smith**

Sex, **Male** or Female, { Cross out the word not required in this line. }

Age, **8** Years, **8** Months, Days.

Color, **Black**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore City**

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } **# 24 Schroeder Alley**

Cause of Death, { First (Primary), Second (Immediate), } **Cholera Infantum**
Exhaustion

Duration of Last Sickness, **2 days**

All the above information should be furnished by the Physician.

Place of Burial, **Greenwood Cemetery**

Date of Burial, **July 2nd 1889**

Undertaker, **William H. Brown**

Place of Business, **150 East St**

John H. Luck M. D.

Medical Attendant

Address, **Angela A. Brown**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 834

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 2nd

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John S. Hollins

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

6 Years,

10

Months,

Days.

Color,

Leotone

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Howard Co. Md.

Duration of Residence in the City of Baltimore,

6 months

Place of Death,

{ Give Street and Number. }

1407 Bolton Alley

Cause of Death,

{ First (Primary),

Second (Immediate),

Gastritis

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 3 1889

{ Undertaker,

Alex. Kennedy

R. M. Hare

M. D.

Medical Attendant.

{ Place of Business,

561 Orchard

Address,

1089 D. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 855

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Arber Kaufmann

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5-3 Years,

Months,

Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Since he was a boy

Place of Death, { Give Street and Number. } 833 G. M. av

Cause of Death, { First (Primary), Second (Immediate), } Arthur's Pulmonalis
Exhaustion

Duration of Last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, July 1, 1887

Undertaker, Henry Koch

Medical Attendant.

M. D.

Place of Business, 1023 N. Central Ave Address, 711 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to forth as far as possible, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 856 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1887
Full Name of Deceased, Carrie White { Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Female { Cross out the word not required in this line. }
Age, 4 Years, 4 Months, 15 Days.
Color, Black
Married, Single { Cross out the words not required in this line. }
Occupation, —
Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, 19 Welcome Alley { Give Street and Number. }
Cause of Death, Cholera Infantum { First (Primary), Second (Immediate), }
Convulsions
Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery
Date of Burial, July 3 1887
{ Undertaker, B. W. Chace }
{ Place of Business, 641 Howard } Address, Southern Dispensary
J. M. White M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

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Health Department, City of Baltimore.

Permit No. A 857 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Sumell Ireland

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Four Years, Months, Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Balto

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 1624 Vincent al

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
asthma

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, July 3 1882

McPole M. D.

{ Undertaker, Samuel W. Chase Medical Attendant. }

{ Place of Business, 641 Howard St Address, 2102 Madison d }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 858 Office of Registrar of Vital Statistics. Ward 19

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CERTIFICATE OF DEATH.

Date of Death, July 2 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mollie Bowers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 14 Years, 3 Months, — Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Carroll Co. Md.

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give Street and Number. } 346 Monroe St

Cause of Death, { First (Primary), Second (Immediate), } Measles
Congestion of lungs

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Frank Bury Co

Date of Burial, July 3

{ Undertaker, Joseph B Cook } A. Himmelsterner M. D.
 { Place of Business, 1003 } Medical Attendant.
 Address, 1521 Fred's Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit 4747

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 859

Office of Registrar of Vital Statistics.

Ward 18

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2^d July 1887

Full Name of Deceased, Blanch V. Jones
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 13 Days.

Color, C

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore city MD.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 424 Hamburg St
{ Give Street and Number. }

Cause of Death, Diphtheria
{ First (Primary), Second (Immediate), }
Suppurative-Meningitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laura Cemetery

Date of Burial, July 3^d 1887

Undertaker, H. C. Ross

Place of Business, 404 Conway St Address, 224 W. Hill St

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 860 Office of Registrar of Vital Statistics. Ward 15

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 2 1887

Full Name of Deceased, Thomas Cator
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 1 Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, B. City

Birth Place, B. City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 6

Place of Death, 205 E. Church
{ Give Street and Number. }

Cause of Death, Inanition
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 3rd 1887

{ Undertaker, Herchus Ross } R. H. Edwards M. D.
Medical Attendant.

{ Place of Business, 407 Canaway } Address, 915 Lehigh

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]